# City of Canton Fair Housing Assistance Program – Housing Discrimination Complaint

<table>
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<tr>
<th>HUD Case No.</th>
<th>Canton FHAP Case No.</th>
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1. **Name of Aggrieved Person or Organization**
   - **Home Phone**
   - **Business Phone**

2. **Against Whom is this complaint being filed?**
   - **Phone Number**

3. **Street Address**

Check the applicable box or boxes which describe(s) the party named above:

- ☐ Builder
- ☐ Owner
- ☐ Broker
- ☐ Salesperson
- ☐ Supt. or Manager
- ☐ Bank or Other Lender
- ☐ Other

If you named an individual above who appeared to be acting for a company in this case, check this box ☐ and write the name and address of the company in this space:

- **Name:**
- **Address:**

Name and identify others (if any) you believe violated the law in this case:

4. **What did the person you are complaining against do?** Check all that apply and give the most recent date these act(s) occurred below.

- ☐ Refuse to rent, sell, or deal with you (§515.03(a)(1))
- ☐ Falsely deny housing was available (§515.03(a)(2))
- ☐ Engage in blockbusting (§515.03(a)(9))
- ☐ Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities (§515.03(a)(4))
- ☐ Discriminate in financing (§515.03(a)(3))
- ☐ Intimidated, interfered, or coerced you to keep you from the full benefit of the local or Federal Fair Housing Law (§515.03(a)(11))
- ☐ Discriminatory advertising/statements (§515.03(a)(6))
- ☐ Refuse to grant a reasonable accommodation (§515.03(b)(2))
- ☐ Other (explain)

5. **What kind of house or property was involved?**

- ☐ Single-family house
- ☐ A house or building for 2, 3, or 4 families
- ☐ A building for 5 families or more
- ☐ Other, including vacant land held for residential use (explain)

Did the owner live there?  ☐ Yes  ☐ No  ☐ Unknown

Is the house or property  ☐ Being sold?  ☐ Being rented?

What is the address of the house or property?

6. **Summarize in your own words what happened.** Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. **Note:** FHAP will furnish a copy of the complaint to the person(s) or organization(s) against whom this complaint is made.

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<tr>
<th>Signature</th>
<th>Date</th>
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</table>

**State of Ohio**

**County of Stark**

Sworn before me and subscribed in my presence this _________________ day of _________________, 20______,

personally appeared before me _______________________________________

______________________________________

Notary Public

Commission Expires